

EXHIBIT A

RHONDA L. LANFORD
CIRCUIT COURT, BR. 18

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH

DANE COUNTY

2013 AUG 14 PM 1:44

UNIVERSITY OF WISCONSIN
HOSPITAL AND CLINICS, INC.,
a Wisconsin Non-Profit Corporation
600 Highland Avenue
Madison, WI 53792,

CIRCUIT COURT
DANE COUNTY, WI

Plaintiff,

Case No. **13CV2631**
Other Contracts: 30303

vs.

UPPER PENINSULA HEALTH PLAN, LLC,
a Michigan Limited Liability Company
228 West Washington Street
Marquette, MI 49655,

THIS IS AN AUTHENTICATED COPY OF THE
ORIGINAL DOCUMENT FILED WITH THE DANE
COUNTY CLERK OF CIRCUIT COURT.

Defendant.

CARLO ESQUEDA
CLERK OF CIRCUIT COURT

SUMMONS

THE STATE OF WISCONSIN

To the Entity named above as a Defendant:

You are hereby notified that the Plaintiff named above has filed a lawsuit or other legal action against you. The Complaint, which is attached, states the nature and basis of the legal action.

Within forty-five (45) days of receiving this Summons, you must respond with a written Answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the Complaint. The Court may reject or disregard an Answer that does not follow the requirements of the Statutes. The Answer must be sent or delivered to the Court, whose address is City-County Building, 215 South Hamilton Street, Madison, WI 53703, and to Plaintiff's attorneys, Neuberger,

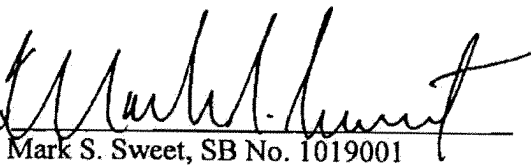
Wakeman, Lorenz, Griggs & Sweet, whose address is 136 Hospital Drive, Watertown, Wisconsin, 53098. You may have an attorney help or represent you.

If you do not provide an Answer within forty-five (45) days, the Court may grant Judgment against you for the award of money or other legal action requested in the Complaint, and you may lose your right to object to anything that is or may be incorrect in the Complaint. A Judgment may be enforced as provided by law. A Judgment awarding money may become a lien against any real estate you own now or in the future and may also be enforced by garnishment or seizure of property.

If you require assistance of auxiliary aids or services because of a disability, call (608) 266-4678 (TDD (608) 266-9138) and ask for the Court ADA Coordinator.

Dated this 13 day of August, 2013.

NEUBERGER, WAKEMAN,
LORENZ, GRIGGS & SWEET
Attorneys for Plaintiff University of
Wisconsin Hospital and Clinics, Inc.

By 
Mark S. Sweet, SB No. 1019001
136 Hospital Drive
Watertown, WI 53098
(920) 261-1630
FAX: 920-261-0339

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UNIVERSITY OF WISCONSIN
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CLERK OF CIRCUIT COURT

COMPLAINT

NOW COMES the Plaintiff, University of Wisconsin Hospital and Clinics, Inc.,
by and through its attorneys, Neuberger, Wakeman, Lorenz, Griggs & Sweet, by Mark S.
Sweet, to file the following Complaint in Civil Action, and in support thereof avers the
following:

1. The Plaintiff, University of Wisconsin Hospital and Clinics, Inc., is a
Wisconsin Non-Profit Corporation that operates a hospital located in Dane
County at 600 Highland Avenue, Madison, Wisconsin 53792.
2. Defendant, Upper Peninsula Health Plan, LLC (hereinafter "UPHP"), is a
Michigan Limited Liability Company that has a business address of 228
West Washington Street, Marquette, MI 49655, and regularly,

systematically, and continuously provides health insurance coverage and conducts other aspects of insurance related business in the State of Wisconsin and in Dane County, Wisconsin.

3. Austin Wells was a minor individual residing with his parent and natural guardian, Crystal Wells, at N16335 Number 4 Lane, Hermansville, MI 49847.
4. At all times pertinent hereto, Defendant UPHP provided health insurance to Austin Wells as an insured under a policy, which contract bore the subscriber identification number 0020101918. (A copy of said policy is in the possession of the Defendant and is therefore not attached hereto).
5. Plaintiff's hospital is the third party beneficiary of the contract of insurance between Defendant UPHP and Austin Wells.
6. Pursuant to said contract between Austin Wells and the Defendant, the Defendant is obligated to pay for healthcare services.
7. Austin Wells was a ten-year old patient with a medical history including liver and intestinal implants for gastroschisis, and on January 4, 2013, was transferred via Med Flight from Marquette, Michigan to Plaintiff's hospital in Wisconsin.
8. Shortly after admission into Plaintiff's hospital, Austin Wells suffered cardiac arrest, and died January 6, 2013.
9. Plaintiff submitted its bill in the amount of \$87,998.09 to Defendant for charges incurred in the treatment of Austin Wells on dates of service from January 4, 2013 – January 6, 2013.

10. Defendant UPHP denied coverage for the emergency treatment and services rendered to Austin Wells, due to the technicality that Defendant, UPHP, requires notification of all emergent/urgent admissions within one (1) business day of admission.
11. Amidst caring for Austin Wells, Plaintiff tried to obtain insurance information from Austin Wells' parents so that the Plaintiff could notify the insurance company of the emergency treatment and services it was rendering to Austin Wells.
12. Plaintiff notified Defendant UPHP of the emergency admission of Austin Wells to the Plaintiff's hospital on January 9, 2013 by way of a voicemail message, and received a call back from Defendant on January 10, 2013.
13. On January 10, 2013, the Plaintiff was told about the penalty for late notification, which allowed the Defendant, UPHP, to escape payment for the treatment and services rendered to its insured.
14. Following Defendant's denial of payment for late notification of an emergent/urgent admission, Plaintiff submitted an appeal and supporting medical documentation on March 20, 2013 on the grounds that the Plaintiff was unable to verify insurance information for Austin Wells within the one (1) day allowed for notification by Defendant, UPHP (*See* Plaintiff's attached, Exhibit "A").
15. On April 13, 2013, Defendant upheld its denial entitled "Technical Denial –Notification not received timely," and further indicated that the Plaintiff had reached the final level of appeal with the Defendant. (*See* Plaintiff's

attached, Exhibit "B").

16. To date, the Plaintiff's outstanding hospital bills remain \$87,998.09.
17. To date, the Defendant has not made payment of the amount owed in spite of having all necessary information indicating that it has an obligation to make payment to the Plaintiff in full.

COUNT I
BREACH OF CONTRACT IMPLIED IN FACT

18. Paragraphs one (1) through and including seventeen (17) are hereby incorporated by reference as if fully set forth herein.
19. The course of conduct between the parties gives rise to a contract implied in fact.
20. The Plaintiff reasonably expected to be compensated in return for the services rendered to the Defendant's insured, Austin Wells.
21. The Defendant knew that the Plaintiff expected compensation in return for the services provided to its insured, as evidenced by the parties' course of conduct, course of dealing, and the communication described above.
22. The Defendant intentionally and materially breached its obligations and duties by failing to remit payment of the \$87,998.09 presently owed for urgent and medically necessary treatment of its insured.

COUNT II
QUASI CONTRACT AND UNJUST ENRICHMENT

23. Paragraphs one (1) through and including twenty-two (22) are hereby incorporated by reference as if fully set forth herein.
24. In the alternative, should this Court find that the parties are not in an

implied-in-fact contract with one another, the course of conduct, course of dealing, and communication between the parties give rise to a quasi contract.

25. A duty should be imposed on the Defendant to pay the reasonable value for the services the Plaintiff performed for the benefit of the Defendant's insured, Austin Wells.
26. The Plaintiff conferred the benefit of the full value of the medical treatment provided to Defendant's insured, Austin Wells.
27. The Defendant has gained the benefit of Plaintiff's medical services, to the detriment of the Plaintiff who remains unpaid.
28. It would be unjust for the Defendant to retain the value of these services without payment of their full value.

COUNT III
BREACH OF IMPLIED COVENANT OF GOOD FAITH

29. Paragraphs one (1) through and including twenty-eight (28) are hereby incorporated by reference as if fully set forth herein.
30. The Plaintiff has a valid assignment from Austin Wells' mother, Crystal Wells, and is asserting her right to recover benefits under the contract for health care coverage for her minor son, Austin Wells, between the Defendant and Austin Wells.
31. The Defendant intentionally and materially breached its obligations and duties arising under implied covenant of good faith, in some or all of the following particulars:

- a. In failing to make proper reimbursement of claims when its obligation to make payment became reasonably clear;
- b. In failing to fairly evaluate the patient's claims;
- c. In dilatory and abusive claims handling practices; and
- d. In placing unduly restrictive and self-serving interpretations on the processing of the claims and through its claims handling practices.

COUNT IV
INTEREST UNDER WIS. STAT. § 628.46

32. Paragraphs one (1) through and including thirty-one (31) are hereby incorporated by reference as if fully set forth herein.
33. Plaintiff furnished repeated written notice of the medical bills incurred in the treatment of Defendant's insured.
34. To date, full payment has not been received by the Plaintiff.
35. The Plaintiff is due interest at the rate of 12% per year on the overdue amount of \$87,998.09.

WHEREFORE, the Plaintiff demands judgment as follows:

As to Count I, II, and III judgment against the Defendant, Upper Peninsula Health Plan, LLC, in an amount to be determined at the time of trial, plus interest thereon.

As to Count IV, judgment against the Defendant, Upper Peninsula Health Plan, LLC:

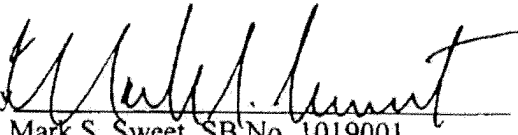
1. In an amount to be determined at the time of trial, plus interest thereon;

2. Pre-judgment interest at the rate of 12%, plus reasonable attorney's fees, cost and disbursements associated with this action pursuant to Wis. Stat. Sec. 628.46; and
3. Any further relief the Court deems just and equitable.

PLAINTIFF DEMANDS A TRIAL BY A JURY OF TWELVE.

Dated this 13 day August, 2013.

NEUBERGER, WAKEMAN,
LORENZ, GRIGGS & SWEET
Attorneys for Plaintiff University of
Wisconsin Hospital and Clinics, Inc.

By 
Mark S. Sweet, SB No. 1019001
136 Hospital Drive
Watertown, WI 53098
(920) 261-1630
FAX: 920-261-0339

March 20, 2013

TECHNICAL DENIAL APPEALS
UPPER PENINSULA HEALTH PLAN
228 W. WASHINGTON
MARQUETTE, MI 49855

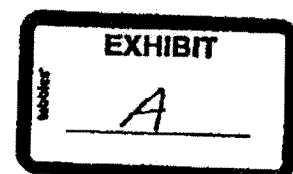
Re: Austin M Wells
MRN: 1791077
Subscriber ID #: 0020101918
Claim ICN #: UB020513P2E0333
Date of Birth: 06/25/2002
Dates of Service: 01/04/2013 - 01/06/2013

Dear Appeals Department:

We would like to request an appeal on behalf of the University of Wisconsin Hospital and Clinics (UWHC) for technical denial issued for no referral for this hospital stay for Austin Wells.

Austin was a 10 year old boy with a history of liver/intestinal transplant for gastroschisis who was transferred on Friday, 1/4/13, via Med Flight from Marquette, Michigan with complaints of nausea, vomiting and abdominal pain. Shortly after admission he suffered a cardiac arrest and despite our best efforts, he expired on 1/6/13.

As we understand it, UWHC has been penalized for late notification. Before we could notify UPHP of the admission, we needed to determine from the parents if there had been any changes in insurance at the beginning of the new year. Obviously, it was difficult under the circumstances to obtain that information while their son was dying. We were eventually able to talk to the family and notified Michigan MA on 1/9/13 via voice mail. We got a call back on 1/10/13 from Meredith (800-835-2556) indicating that the patient was active. She then transferred us to Chris who told us about the penalty. Under the circumstances, we do not believe the late notification penalty was warranted.



Copies of the Admission H&P and the Discharge Summary are being sent along with this appeal letter. Please review and send a letter with the outcome of this appeal to:

UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
DENIAL MANAGEMENT
600 HIGHLAND AVENUE, RM E5/260 MC 2403
MADISON, WI 53792-2490

Thank you for your assistance with this matter. If you have any questions, contact us at (608) 890-6638.

Sincerely,

Jerald A. Collins, RN
Denial Management Coordinator

Printable Report

Hospital Encounter	Austin M Wells (EPIC MRN: 51533857, PPD MRN: N/A, UWHC MRN: 1791077) DOB: 6/25/02, AGE at DOS: 10 year old, SEX: M
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H&P signed by Anthony M D'Alessandro, MD at 01/05/13 1146

Author:	Anthony M D'Alessandro, MD	Service:	LIVER TRANSPLANT	Author Type:	Physician
Filed:	01/05/13 1146	Note Time:	01/04/13 2104	Note Type:	H&P
Related Notes:	Original Note by: Kasi R McCune, MD filed at 01/05/13 0332				

History and Physical Exam Note

Patient : Austin M Wells; 10 year old **MRN#** 1791077
Location: PS54 Rm:PS5424
Primary Service: PEDIATRIC TRANSPLANT - **Attending:** Anthony M D'Alessandro, *
Admit Date: 1/4/2013

Principal problem: Vomiting

History of Present Illness: Austin is a 10 yr male with a h/o liver/intestinal transplant for gastroschisis in 2004 who presents today with fever, nausea, vomiting without increased

stooling. This history was obtained by Austin, as his parents were out of the room during the interview. He states that he began vomiting at midnight yesterday. He has been able to tolerate his medications and sips of ice cold water. He has still been making urine. He has not noted increased ostomy output, but also has not been obstipated. He states he is having some crampy abdominal pain, and indicate his LLQ. He has had a cough, and other people in his family have been sick.

OSH records from transfer have one H/P dated 11/12 reporting an illness that had been present for 1 week, including n/v/low grade fever and oliguria after sick contacts.

Past Medical History	
Diagnosis	Date
• Pancreas transplantation	
also small bowel transplant	
• Liver transplant	
• GI bleed	
d/t variceal hemorrhage	
• Short gut syndrome	
• HTN	
• COPD	
• Malabsorption	
• Norwalk virus	
recurrent infections	
• Renal insufficiency	
with proteinuria	
• End-stage liver disease	
• Pneumonia	
• Infection, Klebsiella	
line sepsis	
• AVN (avascular necrosis of bone)	
L femoral epiphysis	
• FTND (full term normal delivery)	
37 weeks born in WI	
• Esophageal reflux	3/19/2012
• Short stature	
• Asthma	8/16/2011
• Recurrent sinusitis	

Past Surgical History	
Procedure	Date
• Hx liver transplant	
• Hx pancreas transplant	
also small bowel	
• Circumcision	
• Repair of hydrocele, tunica	
R side	
• Rpr Ingun hrna sliding any age	
R side	
• Abdomen, laparotomy, exploratory	9-3-2002
+ Hickman placement EZ Miller 0 3.0 uncuffed	
• Hx adenoidectomy	8/23/2011

Prescriptions prior to admission			
Medication	Sig	Dispense	Refill
• amlodipine (NORVASC) 2.5 MG tab	Take 2 tablets in the AM and 1 tablet in the PM	90 tab	11
• amoxicillin (AMOXIL) 875 MG TABS	Prior to dental appointments		
• Calcium Carbonate-Vitamin D 600-400 MG-UNIT per tab	Take 1.5 tabs by mouth one time daily.		
• cholecalciferol (VITAMIN D) 1000 UNITS tab	Take 1 tab by mouth one time daily.	30 tab	3
• cloNIDINE (CATAPRES) 0.1 MG tab	Take by mouth. 1/2 tablet at bed time		
• cloNIDINE (CATAPRES) 0.1 MG/24HR weekly patch	Apply to skin. 1 patch on Sundays and 1 patch on Thursdays		
• diphenoxylate-atropine (LOMOTIL) 2.5-0.025 MG per tab	Take 2 tabs by mouth 4 times daily.	240 each	11
• doxazosin (CARDURA) 1 MG tab	Take 1 mg by mouth one time daily at bedtime.		
• Fe Asp Gly-Succ-C-Thre-B12-FA (MULTIGEN FOLIC) 70-150-2-1 MG per tab	Take 1 tab by mouth one time daily.	90 tab	1
• fluticasone-salmeterol (ADVAIR HFA) 115-21 MCG/ACT Inhaler	Inhale 2 puffs 2 times daily. With spacer. Rinse mouth.	1 Inhaler	11
• loperamide (IMODIUM) 2 MG tab	Take 2 tabs by gastric tube 4 times daily.	240 each	12
• magnesium oxide (MAG-OX) 400 MG tab	Take 2 tabs by mouth 2 times daily. Take at 1200 and 1600	120 each	11
• Methylphenidate HCl (RITALIN LA) 10 MG 24hr ER cap	Take 10 mg by mouth one time daily.		
• Mometasone Furo-Formoterol Fum (DULERA) 200-5 MCG/ACT inhaler	Inhale 2 puffs twice a day with spacer. Rinse mouth	1 Inhaler	12
• MULTIVITAMIN PO	1 tab daily		
• omeprazole (PRILOSEC) 20 MG ER cap	Take 20 mg by mouth 2 times daily.		
• penicillin V potassium (VEETID) 250 MG tab	Take 1 tab by mouth 2 times daily.	60 tab	11
• prednisone (DELTASONE) 2.5 MG tab	Take 1 tab by mouth one time daily.	30 each	11
• propranolol (INDERAL) 20 MG tab	Take 1 tab by mouth 2 times daily.	60 each	11
• Somatropin (NORDITROPIN FLEXPRO) 10 MG/1.5ML injection	Inject 1.2 mg under skin one time daily.	6 mL	11
• sulfamethoxazole-trimethoprim (BACTRIM) 400-80 MG per	Take 1 tab by mouth 3 times per week.	12 each	12

tab			
• tacrolimus 0.5 MG cap	Take 1 cap by mouth 2 times daily.	60 cap	11
• VENTOLIN HFA 108 (90 BASE) MCG/ACT inhaler	Inhale 2-4 puffs every 4 hours when sick/ as needed when well/ with spacer.	2 Inhaler	2

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• acetaminophen alcohol free (TYLENOL) susp 10 mg/kg	10 mg/kg	Oral	Q 4 Hrs PRN
• albuterol HFA 108 (90 BASE) MCG/ACT (VENTOLIN HFA) inhaler 2 puff	2 puff	Inhalation	Q 4 Hrs PRN
• amlodipine (NORVASC) tab 2.5 mg	2.5 mg	Oral	2 x Daily
• clonidine (CATAPRES) tab 0.1 mg	0.1 mg	Oral	1 x Daily (HS)
• dextrose 5%-NaCl 0.45% infusion		Intravenous	Continuous
• omeprazole (PRILOSEC OTC) EC tab NF 20 mg	20 mg	Oral	2 x Daily
• penicillin V potassium (VEETID) tab 250 mg	250 mg	Oral	2 x Daily (At Mealtime)
• prednisone (DELTAONE) tab 2.5 mg	2.5 mg	Oral	1 x Daily
• sulfamethoxazole-trimethoprim (BACTRIM) 400-80 MG per tab 1 tab	1 tab	Oral	Q Mon, Wed, Fri
• tacrolimus cap 0.5 mg	0.5 mg	Oral	2 x Daily

Allergies

Allergen	Reactions
• Azithromycin	OTHER
• <i>Increases tacrolimus level</i>	
• Pantoprazole Sodium	TINNITUS

Family History

Problem	Relation	Age of Onset
• Asthma	Paternal Grandmother	
• Gastrointestinal	Father	
• GER		
• Allergies/Asthma	Father	
• <i>allergy to adhesive tape</i>		
• Gastrointestinal	Other	
• <i>paternal cousin, food allergies</i>		
• Allergies/Asthma	Other	
• <i>paternal cousin, asthma</i>		

History**Social History**

• Marital Status:	Single
• Spouse Name:	N/A

Number of Children:	N/A
Years of Education:	N/A

Social History Main Topics

Smoking status:	Never Smoker
Smokeless tobacco:	Not on file
Alcohol Use:	Not on file
Drug Use:	Not on file
Sexually Active:	Not on file

Other Topics

Not on file	Concern
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Social History Narrative

<i>Lives in Hermansville, MI with mother, father, and brother. Pets: dog and hamster and fish. 2nd grade 2011-2012 (homeschooled).</i>
--

Review of Systems:

A complete review of systems was performed and is negative, except as indicated in history of present illness.

Patient Vitals for the last 2 readings.

	Temp	Pulse	Resp	BP	SpO2	O2 Device
01/04/13 1943	37.4 °C (99.3 °F)	108	24	107/80 mmHg	94 %	Room Air

No height on file.

The last , the last

There is no height or weight on file to calculate BSA.

There is no height or weight on file to calculate BMI.

None

Physical Exam:

GEN: NAD, AO - talkative

HEENT: EOMI, PERRLA, neck supple without LAD

CV: RRR

CHEST: CTAB

ABD: mildly distended but soft, indicates tenderness in LLQ however not increased with palpation, no r/g, ostomy ppp

Ext: no CCE, ++DP

Skin: no rashes, no jaundice

Recent Labs and Diagnostic studies

none

none

Assessment & Plan

10 yo M with h/o multiorgan transplant with N/V

Unclear etiology at this time however with h/o sick contacts, suspicious for infectious etiology.

--Will start IVF at 1.5 maintenance

--Will bolus for low UOP. At this time, normal ostomy output. If increases, may require replacements.

--Will keep NPO except meds.

--Will check CBC, CMP, and tacrolimus tomorrow

--Will continue medications orally at this time.

--H/O HTN however SBP 100's currently - will start some of his medications tonight and add tomorrow if blood pressure is difficult to control.

--will check baseline KUB to evaluate bowel distention.

--Will continue inhalers.

Discussed with Dr. McCune. Agree with assessment.

Previous Versions

01/05/13 0332 H&P addendum by Kasi R McCune, MD

01/05/13 0328 H&P by Kasi R McCune, MD

01/04/13 2114 H&P signed by Kasi R McCune, MD

Unofficial Copy

Printable Report

Hospital
Encounter

Austin M Wells (EPIC MRN: 51533857, PPD MRN: N/A, UWHC MRN:
1791077) DOB: 6/25/02, AGE at DOS: 10 year old, SEX: M

D/C Summaries signed by Juan P Boriosi, MD at 01/31/13 1605

Author:	Juan P Boriosi, MD	Service:	PEDIATRIC CRITICAL CARE	Author	Physician
Filed:	01/31/13 1605	Note	01/08/13 1346	Type:	D/C Summaries
		Time:		Type:	
Related	Original Note by: Angelia M Younglove, HIM filed at 01/31/13 1425				
Notes:					

UW Health

**Inpatient Discharge Summary
PEDIATRIC CRITICAL CARE**

Dear Thomas Lamirand, MD

Thank you for the opportunity to care for your patient, Austin Wells, at the University of Wisconsin Hospital and Clinics/American Family Children's Hospital. Briefly, Austin is 10 years old with history of gastroschisis multiple visceral organ transplant 2004 (pancreas, liver, small bowel) who was brought to our hospital via medflight from Michigan With chief complaint of gastrointestinal illness and dehydration. unfortunately patient had cardiac arrest few hours after admission ,died less than 24 hours after cardiac arrest. During that time he was on VA ECMO , suffered of severe neurologic injury , along with multiorgan failure including DIC, severe Coagulopathy, hypotension despite multiple pressors.

BRIEF OVERVIEW

Admitting Provider: Anthony M D'Alessandro, MD
Discharging Provider: Boriosi , Juan , MD
Primary Care Physician at Discharge: NOPCP, DECEASED None

Admission Date: 1/4/2013 Discharge Date: 01/6/2013

Primary Discharge Diagnosis

Cardio-pulmonary arrest

Secondary Discharge Diagnoses

Multiorgan failure , DIC , Severe neurologic injury , cardiac failure, paraflu positive.

Discharge Disposition

Patient died approximately 24 hours after initial cardiac arrest during this hospitalization.

Code Status at Discharge: Not applicable

Active Issues Requiring Follow-Up

Follow up Autopsy report

Outpatient Follow-Up

No future appointments.

Lab Orders

N/A

Radiology Orders

N/A

Other Procedure Orders

parent give permission and consent for autopsy to be done.

Test Results Pending at Discharge

Pathology report of the autopsy.

DETAILS OF HOSPITAL STAY

Presenting Problem/History of Present Illness

Gastroenteritis , dehydration , cardiac arrest

Hospital Course

Austin is 10 years old with history of gastroschisis multiple visceral organ transplant 2004 (pancreas liver small bowel) who was brought to our hospital via medflight from Michigan With chief complaint of gastrointestinal illness and dehydration. unfortunately patient had cardiac arrest few hours after admission ,died less than 24 hours after cardiac arrest. During that time he was on VA ECMO , suffered of severe neurologic injury , along with multiorgan failure including DIC, severe Coagulopathy, hypotension despite multiple pressors.

Few hours after admission patient had cardiac arrest and Cardiopulmonary resuscitated for 20 minutes while was on pediatric floor. patient then transferred to PICU . Placed on extracorporeal membrane oxygenation . His clinical course didn't improve after VA ECMO.

patient had sever lactic acidosis on multiple inotropes drips but was still hypotensive. He had severe coagulopathy though he was not on heparin drip. He was in frank DIC with bleeding from nostrils , sites of EEG leads and cannulation sites. He required multiple blood products (platelets , cryoprecipitate and FFP) .

He had sever neurological injury , though he was not on any sedation medication , He had no response to verbal or painful stimuli . He had fixed dilated pupils bilaterally , no corneal or gag reflex. EEG with burst suppression pattern.

Infectious disease workup came positive for paraflu other wise was negative.

Operative Procedures Performed

01/05/13 - ECMO

Physical Exam at Discharge

Pulse: 92 (01/05/13 0235)

HR: 0 bpm (01/06/13 0035)

Resp: 0 (01/06/13 0035)

BP: 106/55 mmHg (01/05/13 2100)

Temp: 32.4 °C (90.3 °F) (01/06/13 0035)

Weight: 20.5 kg (45 lb 3.1 oz) (Simultaneous filing. User may not have seen previous data.) (01/04/13 2100)

General: patient was pronounced dead , patient is not responsive to verbal or painful stimuli , no heart beat or respiratory effort. Had oozing blood form nostrils , scalp at site of EEG leads, also at site of picc line and ECMO central lines.

HEENT: Pupils fixed and dilated bilaterally , no Corneal reflex. Et tube in place.

Neck : ECMO catheters in place on the right side of the neck

Chest : no heart activity or Respiratory effort

Abdomen : distended , hard to palpation. No bowel sounds. Multiple Scars on the abdomen form previous surgeries.

Extremities: cold peripheries, no peripheral pulsation.

Cognitive Status at Discharge (per Nursing Documentation)

Level of Consciousness: Eyes do not open to any stimulus;Unresponsive (01/05/13 2200)

Orientation Level: Other (Comment) (UTA; pt intubated and unresponsive) (01/05/13 2200)

Cognition: Other (Comment) (UTA; pt intubated and unresponsive) (01/05/13 2200)

Speech and Communication: Intubated/Trached; Other (Comment) (unresponsive) (01/05/13 2200)

DETAILED DISCHARGE RECOMMENDATIONS

Diet Orders N/A

Fall Risk Status (per Nursing Documentation) N/A

Does this patient require "High Fall Risk" precautions?: No (01/05/13 2200)

GRAF-PIF Total Score (Calculated): 2 (01/05/13 2000)

Activity Orders : N/A

Medications : N/A

We appreciate the opportunity to care for Austin Wells. If you have any questions, please do not hesitate to contact us as outlined below.

Post-Discharge Contacts

- For questions regarding hospitalization or recommendations, please contact pediatric intensive care unit at american family children hospital.
- For urgent, physician-to-physician communications 24/7, please contact the UW Access Center at 800-472-0111

Kind Regards,
Dr. Boriosi, Juan, MD

Discharge Summary Prepared By: Mohammed Hamzah, MD

I agree with the dc summary
Juan Boriosi, MD

1/31/2013 - the following addendum has been made to the note originally authored by Mohammed Hamzah, MD . The discharge date was changed to accurately reflect the dates of service. This addendum does not become official until it is co-signed by the attending physician.

Submitted by: ANGELIA M YOUNGLOVE, HIM - 1/31/2013 - 2:25 PM

Previous Versions

01/31/13 1425 D/C Summaries addendum by Angelia M Younglove, HIM

01/18/13 2223 D/C Summaries addendum by Juan P Boriosi, MD
01/18/13 0856 D/C Summaries addendum by Mohammed Hamzah, MD
01/16/13 1653 D/C Summaries addendum by Juan P Boriosi, MD
01/16/13 1436 D/C Summaries signed by Mohammed Hamzah, MD

Unofficial Copy

DENIAL LETTER - 5/23/2013 - BJC104



MEM 1791077
Jct 3239134

April 15, 2013

University of Wisconsin Hospital & Clinics
Attn: Jerald A. Collins, RN
600 N. Highland Avenue
Madison, WI 53792

RE: Member Name:	Austin M. Wells
Member ID#:	0020101918
Facility name:	University of Wisconsin Hospital
Date of service:	01/04/13 - 01/08/13
Initial decision:	Technical Denial - Notification not received timely
Notification Date:	01/09/13

Dear Mr. Collins:

This is to notify you that an appeal review has been completed on the inpatient services listed above. The original determination on this case has been *upheld* based on the following reasons:

Upper Peninsula Health Plan (UPHP) requires notification of all emergent/urgent admissions within 1 business day of admission as outlined in the UPHP Policy #300-305; Utilization Management Process. The member was admitted on 01/04/13. UPHP did not receive notification until 01/09/13. The patient has been a member since 10/01/12 with no break in coverage.

All appeal determinations are final. Technical denials are not subject to review for medical necessity. If you have any questions, please contact UPHP Customer Service Department toll free at 1-800-835-2556.

Sincerely,

Administrative Review Panel
Upper Peninsula Health Plan

kc/lb/bv

